

**BLS Curriculum Update Committee
Richmond, Virginia
March 22, 2007
10:30am**

Members Present:	Members Absent:	Staff:	Others:
Linda Johnson-Chair	Pat Mercer-Excused	Greg Neiman	Holly Sturdevant
Carl Rochelle	Ray George-Excused	Chad Blosser	
Carla Mann	Tracey Jarrett	Tom Nevetral	
Ron Early	Russell Barnes		
Rob Phillips	David Morris		
Shaun Carpenter	Theresa Kingsly		
Cookie Conrad	Jimmy Harton		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The Meeting was Called to Order at 10:35am	
II. Introductions	Members of the committee introduced themselves	
III. Review of Past Minutes	Teresa & Ron Excused	MOTION BY: Shaun Carpenter TO: Accept the October 4, 2006 minutes with changes. Second: Ron Early VOTE: Unanimous
	WEBINAR 12/5/06 Assignments sent by Chad & Shaun	
	Linda is going to contact the Regional Councils in which we have had poor turnout for replacement representatives	
IV. General Discussions Ideas	None	
V. Assignments	There was discussion about the WEBINAR working session and the assignments that had been set.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Shaun presented what he had completed so far regarding Trach Suctioning (Attachment B)	
	Tom Nevetral discussed the Procedures & Medication Schedule (Attachment C)	
	The Committee discussed the upcoming Scope of Practice and it's impact on the Virginia Curriculum	
	The Committee discussed how adding new items may change the # of hours required to teach the curriculum	
	Proposed Items to be added to EMT-B Curriculum: Epi 1:1000 ampules & Sub-q Glucagon IM Injection Aspirin/PO Meds Nasal Cannula & Adjusted Dose O2: 30-45 minutes Pulse Oximetry EtCO2 Quantitative/Qualitative: 15 Minutes Trach Management: 15-30 Minutes (w/ mannequin) Glucometry: 30 minutes Advanced Airway-Combi-tube/King LT/LMA: 2 hours	
	Cost Breakdown?	
BREAK FOR LUNCH	The committee broke for lunch at 12 Noon	
Reconvene	The Committee reconvened at 12:30pm	
	The Committee continued to discuss topics: Adjusted Dose o2, Pulse Oximetry CONS: CO, Shock, Temperature EtCO2-Easy Cap EDD?	
VI. NEXT MEETING	May 1, 2007 10:30am Location TBA. Based on the assignment sheet (Attachment D) Committee members should have items for review submitted to Shaun by April 18 th so they can be distributed.	
VII. ADJOURNMENT	Meeting Adjourned 1330	

BLS Curriculum Update Committee
Thursday, March 22, 2007 – 10:30am
Comfort Suites - Innsbrook
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from October 4, 2006
- IV. General Discussions and Ideas
- V. Assignments
- VI. Establish Meeting Dates
- VII. Adjourn

Attachment A

October 4, 2006 Minutes

**BLS Curriculum Update Committee
Hilton Garden Inn – Innsbrook Richmond, Virginia
October 4, 2006
1pm**

Members Present:	Members Absent:	Staff:	Others:
Linda Johnson Pat Mercer Cookie Conrad Rob Phillips Carla Mann Carl Rochelle Shaun Carpenter Ray George	Tracy Jarrett Russell Barnes David Morris Theresa Kingsly Jimmy Harton Rondall Early	Warren Short Tom Nevetral Greg Neiman Chad Blosser	Heidi Hooker

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 1310	
II. Introduction	Members of the Committee introduced themselves	
III. Charge	The Charge to the Committee was distributed and discussed	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
IV. Discussion	<p>A. The Committee Members discussed the First Responder and EMT-Basic Curricula. Items discussed included:</p> <ol style="list-style-type: none"> 1. Recommend that new providers receive an 8 hours Regional Protocol Course after certification; EMT-Instructors should teach to the Curriculum only. 2. Consider adding the following to the Curricula: <ol style="list-style-type: none"> a. First Responder: <ol style="list-style-type: none"> i. Epi-pen ii. ASA iii. Oral Glucose iv. Backboard? b. EMT-Basic: <ol style="list-style-type: none"> i. Aspirin ii. Nitrates and Viagra iii. Activated Charcoal iv. AED Transport v. Glucometer vi. Pulse Ox vii. MAST viii. WMD ix. NIMS 	
V. ASSIGNMENTS	<p>A. The Chairman made the following recommendations to the committee to prepare for the next meeting:</p> <ol style="list-style-type: none"> 1. Read through the following <ol style="list-style-type: none"> a. Curricula b. Med schedule c. Procedure schedule 2. Send considerations and recommendations to the e-mail list/web site that will be provided 	
VI. ESTABLISH MEETING DATES	<p>WEBINAR – Wednesday, Dec 6, 2006 10am</p> <p>NEXT MEETING: January 18th, 2007 10am</p>	
VII. ADJOURNMENT	The Committee adjourned at 1430	

BLS Curriculum Update Committee
Thursday, October 4th, 2006, 1pm-5pm
The Hilton Garden Inn - Innsbrook
Agenda

- I. Welcome
- II. Introductions
- III. Charge
- IV. General Discussions and Ideas
- V. Assignments
- VI. Establish Meeting Dates
- VII. Adjourn

Attachment B Template and Trach Suctioning Sample

Virginia Additional Curriculum Assignment Breakdown

- I. **Summary:** Why should we adopt this part of the curriculum? Add research that would support.
- II. **Objectives:** When listing objectives label them as 1, 2, and 3 according to their level on the chart below

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem-solving level

- III. **Declarative:** Create a cognitive outline of what will be covered what will be covered in the lesson.
- IV. **References:** Please include resources you used to create the lesson. If you have electronic copies of research articles please attach them when you send in your lesson.

Topic:

Summary

Objectives

In this lesson the student will be able to:

Cognitive: list each objective and assign a cognitive value

1.

Psychomotor: list each objective and assign a psychomotor value

1.

Affective: list each objective and assign an affective value

1.

Declarative (what)

please use an outline format

References

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Virginia Additional Curriculum Assignment Breakdown

- I. **Summary:** Why should we adopt this part of the curriculum? Add research that would support.
 - II. **Objectives:** When listing objectives label them as 1, 2, and 3 according to their level on the chart below
- | |
|--|
| C=Cognitive P=Psychomotor A=Affective
1 = Knowledge level
2 = Application level
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|--|
- III. **Declarative:** Create a cognitive outline of what will be covered what will be covered in the lesson.
 - IV. **References:** Please include resources you used to create the lesson. If you have electronic copies of research articles please attach them when you send in your lesson.

Topic: EMT-Basic 1994 NSC change: Airway Module Tracheostomy Management – procedure line 25

Summary

Within the EMT-Basic National Standard Curriculum there are cognitive and psychomotor objectives for the suctioning of obstructed tracheostomy tubes and stomas. This is an expansion of the current curriculum providing a more detailed step by step process to suction tracheostomy tubes and stomas. Tracheostomy tube replacement was as skill added to allow EMT-Basics to correct stoma obstructions not relieved by suctioning.

The goal is to provide students with a greater understanding of laryngectomies (stomas) as they pertain to airway management. Students will be able to better maintain a patent airway in more diverse patient populations by learning how to identify and correct more common forms of stoma obstruction.

Objectives

In this lesson the student will be able to:

Cognitive: list each objective and assign a cognitive value
2. List the steps in performing the actions taken when providing mouth to-mouth and mouth-to-stoma artificial ventilation.(C-1)
3. List and describe common causes of stoma obstruction.
4. Describe the techniques of suctioning laryngectomies (stomas) (C-1)
5. Describe the techniques of suctioning tracheostomy tubes (C-1)
6. List the steps and describe the cleaning and replacing tracheostomy tubes (C-1)

Psychomotor: list each objective and assign a psychomotor value

2. Define, identify and describe a tracheostomy, stoma, and tracheostomy tube. (C-1)
3. Define, identify, and describe a laryngectomy. (C-1)
4. Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1)
5. Demonstrate how to artificially ventilate a patient with a stoma.(P 1,2)
6. Demonstrate the techniques and steps of suctioning laryngectomies (stomas). (P-1,2)
7. Demonstrate the techniques and steps of suctioning tracheostomy tubes (P-1,2)
8. Demonstrate the techniques and steps of cleaning and replacing tracheostomy tubes (P-1,2)

Affective: list each objective and assign an affective value

2. Unchanged

Declarative (what)

please use an outline format

III Techniques of Suctioning: page 127

- A. Suctioning laryngectomies (stomas)
 1. Must be done with extreme caution if laryngeal edema is suspected
 2. Procedure
 - a. Preoxygenate
 - b. Inject 3 cc sterile saline down trachea
 - c. Instruct patient to exhale
 - d. Insert suction catheter until resistance detected
 - e. Instruct patient to cough or exhale
 - f. Suction during withdrawal

VII Special Considerations: page 134 emtbns

- B. Patients with laryngectomies (stomas)
 - Tracheostomy
 - a. Surgical opening into trachea
 - b. Done in operating room under controlled conditions
 - c. A stoma located just superior to the suprasternal notch
 2. Stoma
 - a. Resultant orifice connecting trachea to outside air
 - b. Patient now breathes through this surgical opening
 3. Tracheostomy tube
 - a. Plastic tube placed within tracheostomy site
 - b. 15mm connector for ventilator acceptance
 4. Some patients have partial laryngectomies. If, upon artificially ventilating stoma, air escapes from the mouth or nose, close the mouth and pinch the nostrils.
 5. Mucous plug
 - a. Laryngectomees possess less efficient cough
 - b. Mucous commonly obstructs tubes
 - i. If it is obstructed, suction it.
 - c. Tube may be removed/ cleaned and replaced
 6. Stenosis

- a. Stoma spontaneously narrows
- b. Potentially life-threatening
- c. Soft tissue swelling decreases stoma diameter
- d. Trach tube is difficult or impossible to replace
- 7. Suctioning
 - a. Must be done with extreme caution if laryngeal edema is suspected
 - b. Procedure
 - i. Preoxygenate
 - ii. Inject 3 cc sterile saline down trachea
 - iii. Instruct patient to exhale
 - iv. Insert suction catheter until resistance detected
 - v. Instruct patient to cough or exhale
 - vi. Suction during withdrawal
- 8. Tube replacement
 - i. Lubricate appropriately sized tracheostomy tube or ET tube (5.0 or greater)
 - ii. Instruct patient to exhale
 - iii. Gently insert tube about 1-2 cm beyond balloon cuff
 - iv. Inflate balloon cuff
 - v. Confirm comfort, patency and proper placement
 - vi. Ensure false lumen was not created

Additional Equipment Required: Varying Adult and Pediatric tracheostomy tube sizes

References

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Attachment C Medication & Procedures Schedules

EMS MEDICATIONS SCHEDULE

(Revised 1-15-04)

MEDICATION	FR-E	EMTBE	EMTBO	EMTEE	EMTEO	EMTIE	EMTIO	EMTPE	EMTPO
1	Beta agonist patient assisted MDI		X		X		X		X
2	Charcoal Activated		X		X		X		X
3	Epinephrine Pt. assist epipen		X		X		X		X
4	Glucose oral		X		X		X		X
5	NTG Patient Assisted		X		X		X		X
6	Oxygen 100% mask	X	X		X		X		X
7	Acetylsalicylic Acid			X	X		X		X
8	Beta 2 agonist / Atrovent			X	X		X		X
9	Dextrose IV				X		X		X
10	Diphenhydramine				X		X		X
11	Epinephrine 1:1000			X	X		X		X
12	Epinephrine Pt. Assisted other			X	X		X		X
13	Glucagon			X	X		X		X
14	Naloxone or approved equivalent				X		X		X
15	NTG (SL, Transdermal)			X	X		X		X
16	Oxygen adjusted dose			X	X		X		X
17	Adenosine						X		X
18	Atropine						X		X
19	Benzodiazepines				X	X		X	
20	Epinephrine 1:10,000				X	X		X	
21	Furosemide					X		X	
22	Lidocaine					X		X	
23	Opiates				X	X		X	
24	Amiodarone					X		X	
25	Beta Blockers						X	X	
26	Bretylium						X	X	
27	Calcium IV						X	X	
28	Calcium Channel Blockers						X	X	
29	Magnesium Sulfate					X		X	
30	Phenergan						X	X	
31	Sodium Bicarbonate					X		X	
32	Steroids IV						X	X	
33	Terbutaline						X	X	
34	Thiamine				X		X	X	

E = Essential (Must be taught in the program) O = Optional (Not part of the standard curriculum. Requires Course MD approval) * = Requires additional training by OMD

FR-E (First Responder Essential) **EMTBE** (EMT B Essential) **EMTBO** (EMTB Optional) **EMTEE** (EMT Enhanced Essential) **EMTEO** (EMT Enhanced Optional)

EMTIE (EMT Intermediate Essential) **EMTIO** (EMT Intermediate Optional) **EMTPE** (EMT Paramedic Essential) **EMTPO** (EMT Paramedic Optional)

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Medications used during inter-medical facility transports must comply with the rules and regulations if medication used during the transport is not listed.

Additional Skills and Medications may be listed under "EMS Specialty Teams Medication & Procedure Schedules"

EMS MEDICATIONS SCHEDULE

(Revised 1-15-04)

MEDICATION	FR-E	EMTBE	EMTBO	EMTEE	EMTEO	EMTIE	EMTIO	EMTPE	EMTPO
35 Cyanide antidote kit							X		X
36 Dobutamine							X		X
37 Dopamine							X		X
38 Etomidate							*		X
39 Flumazenil									X
40 Heparin							X		X
41 Insulin							X		X
42 Isoproterenol									X
43 Norepinephrine									X
44 Neuromuscular Blockers							*		X
45 Nitrous Oxide							X		X
46 NTG IV							X		X
47 Nitroprusside									X
48 Phenobarbitol									X
49 Phenytoin									X
50 Propofol							*		X
51 Ketorolac Tromethamine							X		X
52 Thrombolytics									X
53 Mannitol									X
54 H2 blockers							X		X
55 Antibiotics (started at a health care fac.)							X		X
57 Vasopressin						X		X	
58 2-PAM							X		X
59 Neuroleptic agents							X		X
60 Blood/Blood Products initiated at a Health Care Facility							X		X
61 Maintain Fluid Additives initiated at a Health Care Facility (K+: Bicarb: Multivit.)			X	X		X		X	
62 Ocular anesthetic			X		X		X		X

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EMS PROCEDURES SCHEDULE

(Revised 1-15-2004)

	SKILL	FR-E	FR – O	EMTBE	EMTBO	EMTEE	EMTEO	EMTIE	EMTIO	EMTPE	EMTPO
1	Position Airway	X		X		X		X		X	
2	BVM Adult	X		X		X		X		X	
3	BVM Pediatric	X		X		X		X		X	
4	Oral Pharyngeal all ages	X		X		X		X		X	
5	Nasopharyngeal adult	X		X		X		X		X	
6	Suction all Ages	X		X		X		X		X	
7	O2 Powered flow restricted device	X		X		X		X		X	
8	CPR Adult	X		X		X		X		X	
9	CPR Infant/ child	X		X		X		X		X	
10	Heimlich all ages	X		X		X		X		X	
11	Cardiac Arrest AED	X		X		X		X		X	
12	Natural Child Birth	X		X		X		X		X	
13	Patient Assessment	X		X		X		X		X	
14	Isolation Procedures	X		X		X		X		X	
15	Spinal Immobilization		X	X		X		X		X	
16	Control External Bleeding	X		X		X		X		X	
17	Wound Management	X		X		X		X		X	
18	Splinting	X		X		X		X		X	
19	Assisted Meds			X		X		X		X	
20	PASG			X		X		X		X	
21	ET Adult oral				X	X		X		X	
22	Oximetry		X		X	X		X		X	
23	End tidal CO2 Monitor Colorimetric				X	X		X		X	
24	Suction Endotracheal				X	X		X		X	
25	Management of existing Tracheostomy				X	X		X		X	
26	Inhaled Meds – Nebulizer				X	X		X		X	
27	Peripheral IV					X		X		X	
28	Set up IV set		X		X	X		X		X	
29	Monitor IV rate and patency				X	X		X		X	
30	IV Bolus Fluid w/o meds					X		X		X	
31	Inhaled Meds – MDI				X	X		X		X	
32	SL meds				X	X		X		X	
33	SQ meds				X	X		X		X	
34	P O Meds				X	X		X		X	
35	Transdermal meds				X	X		X		X	
36	IM Medication					X		X		X	
37	Glucometry		X		X	X		X		X	
38	ET Child – oral - <8						X	X		X	

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Additional Procedures and Medications may be listed under “EMS Specialty Teams Procedure & Medication Schedules”

EMS PROCEDURES SCHEDULE

(Revised 1-15-2004)

	SKILL	FR-E	FR – O	EMTBE	EMTBO	EMTEE	EMTEO	EMTIE	EMTIO	EMTPE	EMTPO
39	Cardiac Arrest defibrillation – manual							X		X	
40	Single EKG lead interpretation							X		X	
41	Intraosseous IV (pediatric)							X		X	
42	IV Piggyback							X		X	
43	Continuous IV med drip				X		X	X		X	
44	Inhaled meds – ET							X		X	
45	End Tidal CO2 – quantitative				X		X		X	X	
46	Meconium Aspiration Neonate with ET							X		X	
47	ET Neonate <= 30 days							X		X	
48	ET Adult Nasal								X	X	
49	Needle cricothyrotomy								X	X	
50	Needle chest decompression						X	X		X	
51	Mechanical Ventilation (transport Vent.)								X	X	
52	Multilumen (combitube/PtL) or LMA				X		X		X		X
53	Synchronized Cardioversion								X	X	
54	Pacing								X	X	
55	Draw blood with IV start						X		X	X	
56	External Jugular IV							X		X	
57	Access to permanent indwelling IV								X	X	
58	12 Lead EKG obtain/interpret				X/		X/		X/X		X/X
59	Neuromuscular Blockade for intubation – adult								*		X
60	Neuromuscular Blockade for intubation – child								*		X
61	Medically assisted intubation non paralytic								X		X
62	Surgical cricothyrotomy										X
63	Chest tube placement										X
64	Gastric Decompression – adult						X	X		X	
65	Gastric Decompression – child				X		X		X		X
66	Management non-displaced gastrostomy								X		X
67	Insertion/removal foley catheter										X
68	Intraosseous IV – adult								X		X
69	Femoral IV										X
70	Subclavian IV										X
71	Internal Jugular IV										X
72	Rectal Administration of meds						X	X		X	
73	Peak Flow Meters				X		X		X		X
74	CPAP/BiPAP								X		X
75	Morgan Lenses				X		X		X		X

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Additional Procedures and Medications may be listed under “EMS Specialty Teams Procedure & Medication Schedules”

Attachment D

Assignments

Assigned to:	Secondary Assignee:	Topics	Medications	Procedures	Instruction Time	Practical Time
Carl Rochelle	Cookie Conrad	Aspirin and PO Meds	Line 7	Line 34	included	included
Tracy Jarrett	Ray George	Beta 2 Agonist	Line 8	Line 26 & 31	included	30 minutes
Tracy Jarrett	Cookie Conrad	EPI 1:1000	Line 11 & 12	Line 33 & 36	1 hour	1 hour
Carl Rochelle	Russell Barnes	Glucagon	Line 13	Line 36 & 37	1 hour	1 hour
Russell Barnes	Linda Johnsonn	Nitro	Line 15	Line 32 & 35	included	included
Carla Mann	Russell Barnes	Adjusted dose O2	Line 16	Line 22	included	included
Procedures						
Shaun Carpenter	Carl Rochelle	Trach mgmt		Line 25	15 minutes	30 minutes
Carl Rochelle	Russell Barnes	Glucometry		Line 37	included	30 minutes
Shaun Carpenter	Carl Rochelle	Advanced airway		Line 52	1 hour	2 hours

** Summary/write-up: Why is is necessary? And any research that will support your cause. Positives and negatives of the situation.*

** Objectives for each of these listed above.*

** Teaching outline of the item.*

** Teaching sheet.*

** Timeframe for teaching.*